DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 094 (510355)

Address: 624 SOBOTTA ST, ARCADIA, WI 54612

License Status: REGULAR

Licensed/Certified/Registered 02/06/1997

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey	History
Survey	IIISTOI J

Survey ID: 0096568 End Date: 03/08/2006 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092260 End Date: 04/01/2004 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090790 End Date: 08/13/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 08/04/2003 Date Investigation Completed: 08/13/2003

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED